

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

69
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 12/10/97

1980181

REG

RECEIVED

DEC 27

VH 427674
\$10.00
504/301/573 wmi

1. NAME Calandro Michele S. MI
Last First MI

2. BUSINESS PHONE (504) 295-2456
Area Code and Phone Number

3. BUSINESS ADDRESS 5525 Reitz Avenue, Baton Rouge, LA 70809-3802
Street and No. City State Zip

4. EMPLOYER ☒ Blue Cross and Blue Shield of Louisiana

5. EMPLOYER'S ADDRESS Same as Above
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Health Service & Indemnity Company

Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Health Insurance

Does this person pay you? Yes

If No, who pays you? _____

2. Name ☒ HMO Louisiana, Inc.

Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Health Insurance

Does this person pay you? No

If No, who pays you? Louisiana Health Service & Indemnity Company

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3. Name Southern National Life Insurance Company
Address P.O. Box 98044, Baton Rouge, LA 70898-9044
Business or purpose Life Insurance
Does this person pay you? No
If No, who pays you? Louisiana Health Service & Indemnity Company
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
5. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

State of Louisiana
Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Michele S. Calandro, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Michele S. Calandro
Signature of Lobbyist

Sworn to and subscribed before me on this 9th day of
December, 1997.

[Signature]
Notary Public

Rev. 8/97

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

